

**CITY CLERK'S OFFICE**

Administration Building
304 South Indiana Avenue
Kankakee, Illinois 60901
Phone: (815) 933-0480 Fax: (815) 933-0482
Web Site: www.citykankakee-il.gov
Email: businesslicense@citykankakee-il.gov

FEE SCHEDULE

New Business: \$100.00
Annual Renewal: \$100.00
Cash for Gold: \$1,000.00

APPLICATION FOR BUSINESS LICENSE

Date: _____

☐ Initial Business Registration☐ Business Renewal☐ New Business – Prospective Opening☐ New Owner

Business Name: _____

D/B/A: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____ Email: _____

Alternate Mailing Address (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____

Fax Number: _____ Email: _____

Type of business entity:☐ Sole Proprietorship☐ Partnership☐ C-Corporation☐ S-Corporation☐ Non-Profit☐ LL-Partnership☐ LL-Corporation**Primary Business Activity:** _____**Sole Proprietorships:**

Name of Business Owner: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone Number: _____

Partnerships:

Name of Partner: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

Name of Partner: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

All Corporations:

Name of Officer: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name of Officer: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Designated Local Manager:

Name of Manager: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Does the business serve or sell food products? ☐ Yes ☐ No **IF YES, please attach a copy of Kankakee County Health Department license:**

Does the business sell cigarettes? ☐ Yes ☐ No
IF YES, please indicate which type: ☐ Over-the-counter ☐ Machine

Does the business serve or sell alcoholic beverages? ☐ Yes ☐ No
IF YES, please attach a copy of City Liquor License:

Does the business operate coin-operated amusement/vending machines? ☐ Yes ☐ No
IF YES, please provide the following:

_____ **Quantity:** _____

Does the business own the amusement/vending machines? ☐ Yes ☐ No
IF NO, please provide the following:

_____ **Quantity:** _____

Name of the Vendor: _____ Vendor Phone Number: _____

Do you store hazardous materials on your business site? ☐ Yes ☐ No
Do you maintain Materials Safety Data Sheets with the Kankakee Fire Department? ☐ Yes ☐ No

Emergency Contacts (list contacts in order of priority):

(1) Name: _____ Title _____

Address: _____ City: _____ State _____

Zip _____ Phone Number: _____ Mobile Number: _____

(2) Name: _____ Title _____

Address: _____ City: _____ State _____

Zip _____ Phone Number: _____ Mobile Number: _____

Inspections: All businesses must have a Fire Department inspection. Please attach a copy of your Fire Inspection conducted within the last (12) twelve months. If your last inspection revealed violations, please call and schedule for a re-inspection. Once a re-inspection has been conducted and all violations are repaired, you have (10) ten business days to file this application along with all attached documents with the City Clerk Office.

To schedule for an inspection, please contact the Kankakee Fire Department at 815-933-0458.

Name of Insurance Company – Property/Liability: _____

Policy Number: _____ Address: _____

City: _____ State _____ Zip _____ Phone Number: _____

Please attach a copy of your current insurance showing the policy period (for example: January 01, 2016–December 31, 2016).

For New Applications:

New Construction: Requires a Certificate of Occupancy being granted prior to the business license being issued.

Existing Building: Change of Use Inspection needs to be scheduled and Certificate of Occupancy needs to be granted prior to the business license being issued.

PLEASE NOTE: APPLICATION IS NOT COMPLETE UNLESS THE FOLLOWING ARE ATTACHED TO THIS APPLICATION:

PLEASE ATTACH TO THIS APPLICATION:

Copy of Photo ID (Drivers License or State ID)

Copy of Illinois Retailers Occupation Tax ID #

Copy of Fire Inspection Report (please call 815-933-0458 to obtain your report)

Copy of proof of insurance coverage on building

Copy of State License (if applicable: i.e., a state-licensed business or profession)

Copy of Kankakee County Health Department License (if applicable)

A NEW BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

I understand that this registration does not constitute compliance with all City Codes and Ordinances, State and Federal Law, and the results of any inspections required by ordinance. I have read this application and answered all questions fully. The information I have submitted in this application is complete and truthful to the best of my knowledge.

Print Name: _____ Signature: _____ Title: _____

ALL FEES MUST BE PAID AT THE TIME THE APPLICATION IS SUBMITTED.

PLEASE MAKE CHECKS PAYABLE TO *THE CITY OF KANKAKEE*.

FOR ADMINISTRATIVE USE ONLY

Zoning Classification: _____ Planning/Zoning Approval: _____

Zoning Conditions/Notes:

FOR CLERK'S OFFICE USE ONLY

Fee Received: \$ _____ Date: _____ Date License issued: _____ Processed by: _____

☐ Exempt Business ☐ Non-Exempt Business ☐ State Licensed Business Registration

